

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:

Ashkenazi et al.

Docket No.:

39780-1618P2C13

Serial No.:

09/904,532

Group Art Unit:

1647

Filing Date:

July 13, 2001

Examiner:

Deberry, Regina M.

For:

SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND NUCLEIC

ACIDS ENCODING THE SAME

MS: No-Fee Amendment Commissioner for Patents

P.O. Box 1450

· Alexandria, VA 22313-1450

			TRANSMITTAL							
	Transn	nitted herewith are the f	ollowing documents for the ab	ove-referenced applic	ationRECEIVED					
	$\boxtimes$	Amendment and Resp Amendment under 37	onse to Office Action dated A	ugust 27, 2003;	OCT 2 9 2003					
$\boxtimes$	Applic	eant is	STATUS		TECH CENTER 1600/2900					
		a small entity other than a small enti	ty. EXTENSION OF TIME							
		ant petitions for an extents checked below:	nsion of time under 37 CFR 1.	136 for the total num	ber					
		Extension (months)	Fee for other than small entity	Fee for small entity						
		one month two months three months four months	\$ 110.00 \$ 410.00 \$ 930.00 \$1,445.00 Fee \$	\$ 55.00 \$205.00 \$465.00 \$725.00						
	hereby	applicant believes that no extension of time is required. However, this conditional petition is ereby made to provide for the possibility that applicant has inadvertently overlooked the need or a petition for extension of time.								
		CERTI	FICATE OF MAILING (37 CFR	.8(a))						
Service 1450, A	as first cl	ass mail in an envelope addi VA 22313-1450.	referred to as being attached or encressed to: Mail Stop: No-Fee Amer	losed) is being deposited vident, Commissioner for	r Patents, P.O. Box					

## **FEE FOR CLAIMS**

	If an additional extension of time is required please consider this a petition therefor.											
		An extension for therefor of \$ extension now re	months has already been secured and the fee paid is deducted from the total fee due for the total months of									
								n this reque	st \$			
	The fee for claims (37 C		(Col. 2)	(Col. 3)	alculated as shown be		oelow: ———— OR	OTHER THAN A SMALL ENTITY				
	Rema At	iims aining fter idment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee			
Total		Minus *0*	20	= 0	x9=	\$		x18=	\$	· —		
Indep.		Minus *0*	3	=	x40=	\$		x80=	\$			
□ FIRS	T PRESEN	TATION OF MULTIPLE	DEP. CLAIM		+130=	\$		x260=	\$			
					TOTAL ADDIT.F EE	\$	OR	TOTAL ADDIT. FEE	\$			
$\square$		No additional fee for claims required.  Total additional fee for claims required \$							RECEIVED			
			FE	E PAYME	NT				OCT 2 9-2	003		
	Attached is a check in the sum of \$ for additional claims fee.  Charge Account No. 08-1641 the sum of \$ for							TECH CENTER 1600/29				
			FEE	DEFICIEN	NCY							
	In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-1641.											
$\boxtimes$	Attached is a postcard for date-stamped return as confirmation of receipt of these materials.											
Date:	October	24, 2003			aphne Redd		eddy					
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